



Department of Justice
Court Services Division
Provincial Victim Services Program

AUTHORIZATION FOR RELEASE OF INFORMATION

File #: _____

I _____,
(Name of client)

Provincial Victim Services Program to *release* information to:

(Agency/Organization)

Information may include:

- current contact information (address/telephone, etc)
- court updates, outcomes and status reports
- community referrals
- Victim Impact Statement guidelines/assistance
- other

I authorize the release of information in the custody and control of the Department and information that will come into the custody and control of the Department as a result of my participation in programs offered by the Provincial Victim Services Program. I understand that ongoing disclosure to the person or organization noted above is done to ensure that appropriate and timely services are provided, and I consent to the ongoing disclosure required. I understand that I may withdraw this authorization at any time by notifying the Program in writing.

Signature of Client

Date

Witness

Date